U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-// 332	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name LIOEANJIE, RENE CHARLES	Name Industrial, Technical & Profession
1	Labor Organization File Number 530-913
P.O. Box Bidg., Room No., if any P. O. Box 55-0749	P.O. Box, Building and Room Number, If any
Street Panama	Street 24 Oglethorpe Professional Blvd.
^{City} Panama	City Savannah
State Rep. of Panama ZIP Code+4	State C
i. Position in labor organization.	State Georgia ZIP Code + 4 31406

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

5. Name and address of Employer (including trad	e name, if any).	ith, or derived income or other economic benefit of enization represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.	
Name		- Income	
Trade Name, if any:			
P.O. Box, Blcg., Reom No., if any		*	
Street	И	7.b. Amount	
City			
State ZIP	Code + 4		

Signature

to Digitaliais Gilly Volifications the undersigned de de-	
authorities a least the discussion of Decime and all the discussion of Decime and all the discussion of Decime and all the discussions are discussions and discussions are discussions are discussions are discussions and discussions are dis	
Submitted in this tenari finducing the information.	A nenaltine of the toron
The state of the country of the coun	To perioduce ut the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been undersigned's knowledge and before the incomment of the property of the incomment of the property of th	are all of the initiation
	EXEMINED by the conscious and the state
the territory in the te	The tree of the
submitted in this report (including the information contained in any accompanying documents), has been undersigned's knowledge and ballet, true, correct, and complete. (See the section on penalties in the in	shipping !

Signed

Lese Lever ?

On 12-1449-2005 001.567.317-96.54

Date Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monet substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	r otherwise dealing with the business is actively seexing to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Bax, Sidg., Room No., if any	b. Trust
Street	c. Employer
Сту	
State ZJP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	readily of interest hald or income received.
	12.b. Amount
C. Received from any employer (other than an employer covered a or from any labor relations consultant to an employer covered a	under parts A and B about
to dit Employer any payment of mo	oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name ITPEU PENSION PLAN	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 6851 Jericho Turnpike, Suite 2	55
City Syosset	
State New York ZIP Code +4 11791	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.
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